to anonymously answer the questionnaire were eligible. During October and November 1998, 250 consecutive patients received this questionnaire from the receptionist of the Sandton Oncology Centre who was blinded regarding the patient's diagnosis and treatment. The questions were divided into 5 specific groups detailing:
(1) Age/social status/education
(2) Disease/previous and current types of therapy
(3) Use of alternative/complimentary medicines
(4) Use of alternative/complimentary devices
(5) Nutrition/diet/habits

A detailed and updated analysis of the above groups and their findings will be presented at the meeting.

49 POSTER

Continous infusion therapy: For how long can a Huber needle be left in situ without being changed? Use of a non adherent silicone dressing (Mepitel) under the Huber needle in order to prevent sores in obese patients and in patients with a deep port-a-cath

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Purpose: in 71 patients with port-a-cath who were undergoing continuous infusion chemotherapy no sores arose when the Huber needle was left indwelling for 21 days without change, except in those patients who were obese or those with a deep Port. In such patients an irritating ulcer was presented. Since continuous infusion therapy is the top grade treatment in oncology patients, this situation is one which deserves close attention.

Methods: all patients undergoing continuous infusion chemotherapy are taught to change the dressing of the Huber needle every 48 hours. The needle itself is changed at the end of the 21-day period when the patient comes back to undergo a new cycle of chemotherapy. On that occasion we evaluate the site of injection while replacing the needle. In patients at risk we leave a non adherent silicone dressing under Huber needle, which must not be removed by patient.

Results: 67 patients did not demonstrate any adverse cutaneous reactions when the needle was left in for 21 days. In four patients who presented sores we were able to leave in the needle, while treating the sore, using this kind of dressing.

Conclusion: a nurse must continuously aim to improve patient safety. We were currently trying to modify a standard procedure leaving the needle indwelling for the entire time that the patients is at home during the intercycle. This avoids undue patient stress and anxiety over the substitution of the needle.

50 POSTER

The research nurses role in the study of patients recieving once weekly radiotherapy for locally advanced or recurrent rectal cancer

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Purpose: To asses, document and analyse symptomatic response from and tolerability to, a weekly 6 Gy regime of palliative pelvic radiotherapy, for patients with symptomatic locally advanced, inoperable, or recurrent cancer of the rectum and to asses, document and analyse these patients quality of life.

Methods: 30 patients, 14 women and 16 men, median age 75 years (Range 45–92 years) were assessed prior to each 6 Gy fraction of radiotherapy and one month following completion of radiotherapy, using LENT SOMA and RTOG scoring systems and EORTC quality of life forms.

Results: Overall symptom response rate was 83%; 13% CR and 70% PR. The research nurse collecting this data could concur with these findings from her knowledge of the patients involved. The continuity she provided in the assessments, enriched the data and the overall appreciation of what this treatment schedule could offer.

Conclusions: The research nurses detailed knowledge and understanding of this study, and of the participating patients, provided benefits in terms of the quality of data collected, patient support and confidence, and in the medical staffs ability to concentrate on medical problems. This level of involvement provides useful insights for the analysis of the current study and design of future studies.

51 POSTER

Does exist an oncological patient profile who use alternative therapies?

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Introduction: The alternative therapies (T. A.) are offered as a complementary chance to add to the standard treatment to encourage the active paper of the person toward his disease.

Aims of the study: *To know the prevalence of the T. A. user.
*To describe the profile of the oncological patient that uses them.
*To know the reason and the motives which they appealed to them.

Methods: A questionnaire with multiple election items, consists in open items graduated as a scale EVA, to measure the physical/emotional state described by the patient. The type of coping toward the cancer disease perceived by the patients, which has been measured through the Coping test M.A.C.M. by Watson and S. GREER (1998).

100 cancer patients in treatment, carried out the complementation of both. Obtained and tabulated the both survey results, were interrelated the different variables to establish a profile able to define to the cancer patient T. A. user.

Conclusions: The alternative therapies more commonly used in our culture are homeopathy, phytotherapy and dietetic complements.

The users of the T. A. defer express better health state, as well as results with better and more positive values in coping, and a most holistic concept from his person and his disease, in congruity with values, beliefs in a global perception toward his own health and life.

52 POSTER

Empowering the cancer patient with chronic pain

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Chronic pain is a major problem for cancer patients with advanced disease. An educational program has been developed tailor-made for this patient category. A randomized clinical trial evaluated the effectiveness of this program in 313 patients (de Wit et al, 1997). Results of this nursing research study demonstrated that patients who received the educational program knew significantly more about their pain and pain management, were more compliant to the prescribed treatment, and experienced less pain than patients from the control group.

As a result, a project is being financed by the Dutch Cancer Society to implement the Pain Education Program. Nurses on the wards will be instructed by a clinical nurse specialist to educate patients with regard to pain and pain treatment and prepare patients for the home situation. The training method used by the clinical nurse specialist will consist of a series of courses and bedside teaching. A manual for nurses will be developed and problem areas for pain management on the ward will be identified. The project will take four years. During the first two years, the project will be conducted in the University Hospital Rotterdam and in the Netherlands Cancer Institute, Amsterdam. Following the initial evaluation, the program will be offered to at least four other hospitals.

[1] de Wit, R. et al. 'A Pain Education Program for chronic cancer pain patients: follow-up results from a randomized controlled trial'. Pain 1997, 73, 55–69.

53 POSTER

Relating information needs to the cancer experience: The perspectives of people with cancer

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People with cancer frequently express dissatisfaction with the information to them and experience difficulty in retaining and processing information.

A hermeneutical phenomenological study was conducted to determine the important issues that arose for six individuals with cancer. The stories of their cancer experience were told through in-depth interviews. Narrative analysis was on the data to uncover thematic aspects of the lived experience.

The cancer experience begins before the point of diagnosis and information needs of an individual's self-identity, including body image, family, social and work relationships. Cancer was viewed as an intrusion and the

illness engendered feelings of vulnerability that impacted on their normal coping mechanisms. This resulted in a decreased ability to process information. While individuals expressed medical information needs, they were less likely to articulate their hood for information relating to other areas of their lives.

Individuals reached a turning point during their experience, when the self-acknowledgement that they were living with cancer, enabled them to become more active participants in the information process. It has become clear that there is no prescriptive approach to be adopted and information-giving requires sensitivity to each individual's needs and flexibility on the behalf of the people providing information and support. Further research is required to identify what factors determine when an individual reaches the stage when they are able start processing information and take a more active role in their experience.

Research in progress

54 ORAL

Two out of three cancer patients receiving chemotherapy experience fatique

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Purpose: Fatigue is reported as one of the most distressing side effects of chemotherapy. Fatigue is a complex subjective experience with physical, emotional, and social dimensions. The purpose of this study was to describe the subjective physical fatigue experience at the start of chemotherapy and to compare this with the experience after 3 cycles of chemotherapy.

Methods: A cross-sectional, comparative design was used. A total of 448 patients receiving chemotherapy in 23 Oncology Centers in Belgium were asked to report their fatigue intensity on the Functional Assessement of Cancer Therapy, subscale anemia, and their perceived quality of life with a visual analogue scale.

Results: At the start of the treatment 50% of the patients reported fatigue. After 3 cycles already two out of three patients reported fatigue. Moderate to extreme degree of fatigue was experienced by 30% of the patients. At the start of the treatment patients who were still active in household or profession were less fatigued than the non-active patients. After three cycles there was no difference in fatigue anymore between active and non-active patients. Fatigue was strongly correlated with decreased quality of life ($p < 0.0001$).

Conclusion: Fatigue during chemotherapy is a serious and improperly handled problem affecting two out of three patients.

55 ORAL

Fatigue in breastcancer patients undergoing adjuvant chemotherapy

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Purpose: Fatigue is one of the most experienced side effects of chemotherapy. About the causes of fatigue and the effects of interventions is little known. This descriptive correlative study with a longitudinal character will view the course of fatigue and the factors which can be important to fatigue.

This study will address the following questions:

(1) To what extent do breastcancer patients undergoing adjuvant chemotherapy experience fatigue and how does this change in the course of time?

(2) To what extent do factors like, depression, social support, coping, self-care behavior, age, co-medication, other symptoms, Hb, type of operation and dose of cytostatics influence fatigue?

Method: Six hospitals in The Netherlands are taking part in the study and 150 women with breastcancer undergoing adjuvant chemotherapy will participate. The study started in january 1998. At this moment data collection is still going on. Patients are interviewed five times (by means of a structured questionnaire): before, during (two times) and after (two times) chemotherapy (total 8 months). Besides, they will keep a diary for a period of 3 or 4 weeks between two chemotherapy sessions.

On the basis of the results nursing interventions will be composed and tested in further research.

The study is supported by a grant from The Dutch Cancer Society.

56 ORAL

Reflections on the challenges of conducting international, multi-institutional research – Assessment of cancer-related fatique

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Conducting multi-institutional research is relatively new for nursing and oncology nurse researchers are relative novices in this area. The added dimension of conducting collaborative research across two continents adds to its complexity. This paper will describe the establishment and maintenance of an international multi-institutional team of oncology nurse researchers conveyed to conduct a study to advance the clinical measurement of cancer-related fatigue (CRF). Critical stages in the development and implementation of the proposal and steps in the collaborative process will be detailed with recourse to meeting records, correspondence, proposals and personal recollections of team members. The process of conducting this type of research is demanding. For example, acknowledging and working with the differences among the study settings was a major challenge in terms of design and procedural issues, as was the use of multiple modes of communication across the study sites (i.e. mail, e-mail, fax, telephone conferences, synchronous and asynchronous chat rooms and bulletin boards). Strategies employed to manage the project will be described alongside the accomplishments and compromises made. Recommendations for teams planning international, multi-site research will be offered and surround issues relating to communication, resources, development of realistic timetables, detailed research protocol and effective work distribution.

57 ORAL

Breast cancer screening in older women: A dual site intervention study Northeast/Southeast USA

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Purpose: This study tests the impact of ethnically sensitive self-monitored video breast health kits to foster breast cancer screening among older low-income African American and Caucasian women who underutilize mammography.

Methods: A pretest-posttest quasi-experimental design is being used in the Northeast (Massachusetts) and the Southeast (Georgia) United States with a volunteer sample of 600 women 60 years of age and older. Subjects are assigned to experimental or control groups based on videocassette recorder (VCR) availability. Experimental subjects use the video kit at home. Data obtained in two interviews at two week intervals assess knowledge about breast cancer risk and breast self examination (BSE) proficiency as demonstrated on simulation models. Follow-up phone calls at six months assess post-intervention mammography screening rates.

Results: Preliminary results from the first year of the two year project (N = 204) point to the impact of age, education and cognitive level on experimental/control between-group differences in this sample of predominantly low-income black women. After removing these influences, ANCOVA results indicate that video kit users are significantly more knowledgeable about breast cancer and more proficient breast self examiners than non-users. Groups do not differ on lump detection skills. Follow-up phoning found 58% of experimental subjects received mammograms following the intervention.

Conclusions: The intervention has successfully increased knowledge about breast cancer, enhanced breast self examination skills and recruited these hard-to-reach elders to mammography. The targeted sample has been more difficult to access in the Northeast and recruitment strategies are detailed.